

BUILDING PERMIT APPLICATION
CITY OF LEESBURG
COUNTY OF LAKE



PERMIT #	
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No partial payments for permits will be allowed - All fees are due at time of submittal of application
Payment must include 1.5% for FL Building Surcharge & 1.5% for FL Recovery Fund

Owner's Name				Phone #		
Owner's Address				E-Mail		
City		State		Zip		
Fee Simple Titleholder's Name(If other than owner)						
Fee Simple Titleholder's Address (If other than owner)						
City		State		Zip		

Contractor's Name/Company						
Contractor's Address						
City		State		Zip		
Phone #		Fax #		E-Mail		
Contractor's State Certification or Registration No						
Contractor's Certificate of Competency No.						

Job description					

Job Cost			Total Square Footage		
Job Address					
City			County		
For Residential-No. Of Bedrooms			Proposed Occupancy		
Historic District Property?	Yes	No			

Legal Description					
Bonding Company					
Bonding Company Address					
City		State		Zip	

Architect/Engineer's Name			
Phone #		Fax #	
Mortgage Lender's Name			
Phone #		Fax #	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

PROPERTY OWNER OR AGENT SIGNATURE

Sworn to (or affirmed) and subscribed before
me this _____ day of _____, 20_____,
by _____.
Personally Known _____ OR Produced ID _____
ID Produced _____

CONTRACTOR SIGNATURE

Sworn to (or affirmed) and subscribed before
me this _____ day of _____, 20_____,
by _____.
Personally Known _____ OR Produced ID _____
ID Produced _____

NOTARY SIGNATURE

NOTARY SIGNATURE